



**KENTUCKY BOARD OF LICENSURE  
FOR OCCUPATIONAL THERAPY**

(502) 564-3296 ext. 223

<http://occupations.ky.gov/>

P.O. Box 1360  
Frankfort, Kentucky 40602

**VERIFICATION OF STATE LICENSURE**

*APPLICANT: Complete the top section and forward to state(s) in which you hold or have held a license.  
You may make as many copies as you need.*

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*

*TO BE COMPLETED BY STATE LICENSURE AGENCY:*

1. License Number \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Date of Expiration \_\_\_\_\_

2. Was your state the state of the applicant's original license? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what state was? \_\_\_\_\_

3. Is the applicant currently the subject of a pending investigation or complaint by a  
licensing or disciplinary authority in your state? Yes \_\_\_\_\_ No \_\_\_\_\_  
Unable to divulge \_\_\_\_\_ If yes, attach explanation.

4. According to your records, has the applicant ever been disciplined by your Board or  
other State Agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach explanation.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

**STATE SEAL**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Date*